**DATE PRESENTING CLINICAL SIGNS**

2/17/22 History: Hx of chronic ALP elevation/ on Denamarin. Recent
 bought of vomiting dark material and blackened stool
PATIENT coloring. Increase in ALP on BW and mild dehydration.
 Rusty Koutras Radiographs show prominent liver silhouette.

SPECIES Current Medications: Cerenia, Sucralfate, Denamarin.
 Lab Results: Attached separately within request.
 Radiographs: prominent liver silhouette.
 Canine Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
BREED Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

SEX The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes,
 Neutered Male echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are
 normal in thickness with a smooth mucosal surface.

AGE Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

6/29/09 The right kidney is normal in size (5.23 cm), shape and echogenicity. It has smooth peripheral margination.
WEIGHT There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no
 28.5 Pounds evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY The left kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There
 Beth Johnson, DVM is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of
 DACVIM pyelectasia, mineral or infarcts observed.

IMAGING PERFORMED BY

Stephanie Pearce
 RDCS, RVT

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Buchanan

INVOICE

35738

Adrenal Glands

The left adrenal gland is enlarged in size (2.32 cm long x 0.76 cm at the cranial pole and 0.96 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is enlarged in size (2.16 cm long x 0.69 cm at the cranial pole and 0.66 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 4.2 cm x 2.8 cm discrete, homogeneous, hypoechoic mass is present in the deep right liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

No pericardial effusion noted in the images provided.

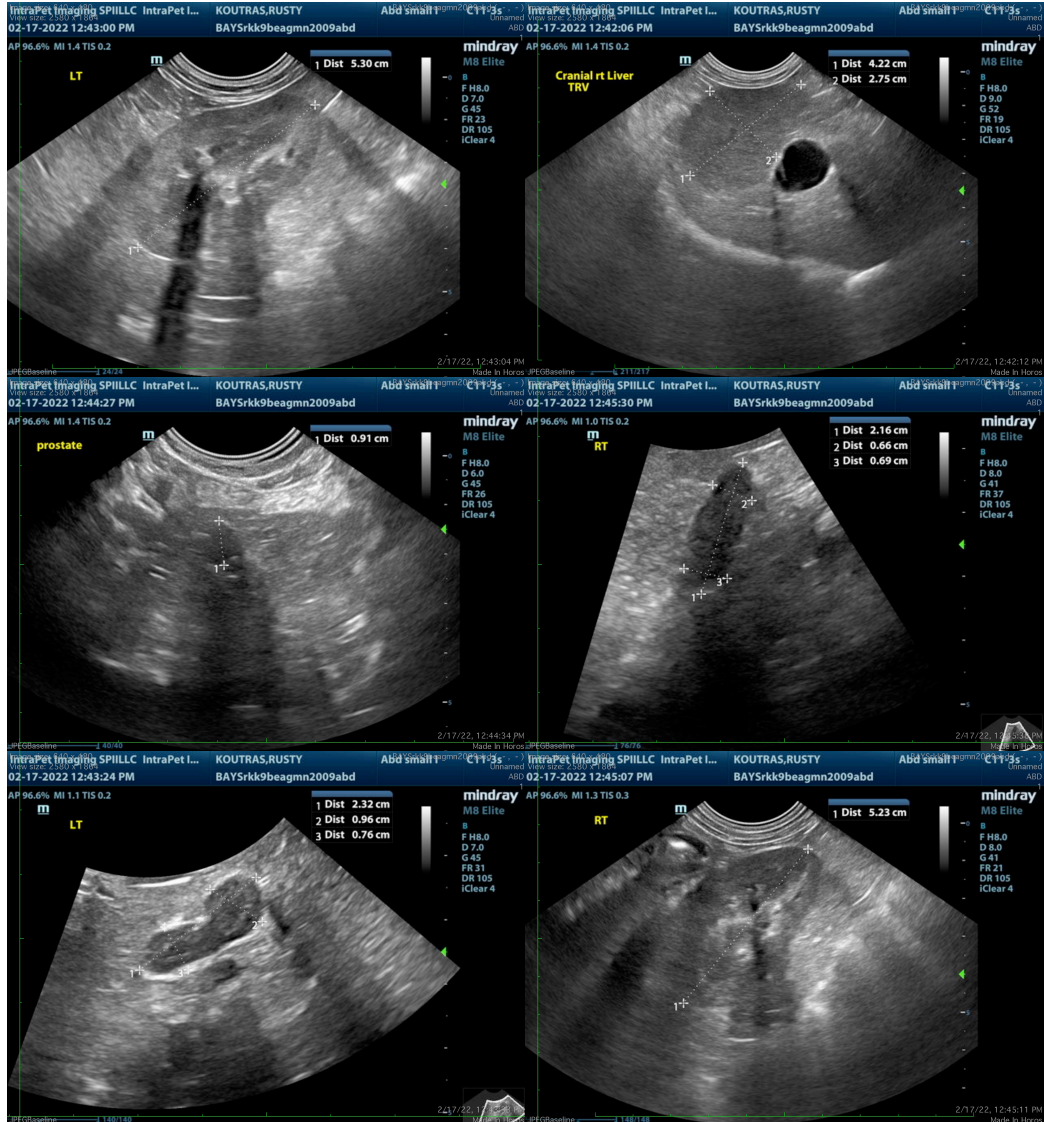
ULTRASONOGRAPHIC FINDINGS

- Discrete, homogeneous, hypoechoic liver mass – Differentials include both benign nodular regeneration as well as a well differentiated primary hepatic neoplasia such as hepatocellular carcinoma or round cell neoplasia cannot be ruled out.
- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is unknown whether the ultrasound findings in this patient are related to the previous episode of hemorrhagic gastroenteritis or not. Therefore, recommendations include management of the gastrointestinal signs with antiemetics and gastroprotectants including an antacid and sucralfate, as is reportedly in place, +/- Provable and/or Metronidazole given the reported hemorrhagic diarrhea as well. Empirical deworming with a 5-day course of Panacur is also recommended.

Further diagnostic recommendations for the findings in the ultrasound include a fine needle aspirate of the liver mass if patient's coagulation status is appropriate. If clinical signs of hyperadrenocorticism are present, testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test could be considered. If diagnosed, it is pituitary dependent hyperadrenocorticism most likely, based on these images.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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